



STATE OF TENNESSEE
DEPARTMENT OF HUMAN SERVICES

PHIL BREDESEN
GOVERNOR

VIRGINIA T. LODGE
COMMISSIONER

COMPLAINT UNDER CIVIL RIGHTS ACT OF 1964

TO: DEPARTMENT OF HUMAN SERVICES
Title VI Coordinator
400 Deaderick Street, 15th Floor
Nashville, Tennessee 37248

I, _____, hereby file an official complaint against

Name of Person, Agency, or Location

Complainant's Name: _____

Complainant's Race/Color: _____ National Origin _____

Complainant's Address: _____

Complainant's Telephone Number: _____

Basis of Complaint: _____

(Attach additional pages if needed) _____

Date of Alleged Discrimination: _____

Have you filed this complaint somewhere else? _____ Yes _____ No

Signed: _____ Date: _____

Your complaint will be responded to in 35 days. If not contacted, please call the Title VI Coordinator at (615) 313-5536.

Section below to be completed by Department of Human Services

Complaint received by: _____ on _____

Referred to: _____ on _____

Department Coordinator

A response from the investigation should be received by the Title VI Coordinator within 35 days from the above referral date, which will be _____.